24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
MAKE AMERICA AWESOME		C C00594176
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee KAPE		Date of Public Distribution/Dissemination
Mailing Address 901 S Kings Hwy		03 / 10 / 2016
Thamming Additional Straings (1) by		Amount
City State	Zip Code	208.00
Cape Girardeau MO	63703	Transaction ID : SE.4251 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - Radio (Est)	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	X Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
KBHI		03 10 / Y Y Y Y Y
Mailing Address 1 Industrial Dr		Amount
City State	Zip Code	199.00
Sikeston MO	63801	Transaction ID : SE.4252 Date of Disbursement or Obligation
Purpose of Expenditure Advertising - Radio (est)	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	407.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		407.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	nically Filed] Date	03 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		